

WORKERS' COMPENSATION

STATEMENT OF REQUEST TO USE LEAVE TIME FOR THE HOLDING DAYS THAT FALL ON REGULAR WORK DAYS

Employee's Name _____

Date of Injury _____

Dept. _____

I, _____ wish to use _____ leave (type)

(Signature of Employee) _____

for the following holding days: _____, _____, _____.

DATE _____
(Signature of Supervisor) _____